



AFTER SCHOOL ACTION 2009-10

AFTER SCHOOL RECREATION PROGRAM AT THE COMMUNITY CENTER PARTICIPANT INFORMATION FORM

Must be filled out completely before you may participate:

NAME: _____ SEX: M F DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

AGE: _____ SCHOOL: _____ GRADE: _____ PHONE: _____

EMERGENCY CONTACT NAME AND PHONE: _____

As a parent/guardian of a participant in the After School Fun Program, I agree to the following:

I/we the parents/guardian of the above named applicant for participation in the City of Wenatchee 'After School Fun' Recreation Program, hereby give my/our consent to his/her being given a physical exam or emergency treatment by a physician or hospital in case of emergency and to his/her participation including transportation to and from the activity; and we/I do hereby waive release, absolve indemnify and agree to hold harmless the City of Wenatchee, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities from any claim arising out of injury to my child, whether the result of negligence or any other cause. I/we further authorize the above named for pictures and video, which may be used in program publicity by Parks and Recreation or other agencies partnering in this program.

Parent/Guardian Signature: _____ **Date:** _____